

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES-SPO		STREET ADDRESS, CITY, STATE, ZIP CODE NORTH 6025 ASSEMBLY SPOKANE, WA 99205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Manor Care Health Services of Spokane Washington. The Fire and Life Safety Survey was conducted on 9/18/13 between the hours of 0930 to 1330 by a representative of the Washington State Patrol, Office of the State Fire Marshal. During this Survey I was accompanied by the Facility Maintenance Director and Assistant who witnessed any deficiency noted during the Survey. The existing section of the 2000 Life Safety Code was used in accordance with CFR 483.70. Manor Care is a one story structure of Type V Construction with exits to grade and is protected by a Type 13 Fire Sprinkler System and Automatic/Manual Fire Alarm System (resident rooms do not have smoke detectors). This Survey was conducted in conjunction with the Health Survey Team from Department of Social and Health Services Residential Care. Manor Care is licensed for 125 residents with a current census of 91. Manor Care has also been issued a Continuing Waiver to cover Deficiency K147 the use of Multi-plug Power Strips with Flexible Cords that is good until August 1, 2015.</p> <p>The facility fails to meet the Life Safety Code 2000 Edition as adopted by CMS based upon deficiencies noted during this Survey.</p> <p>The Surveyor was: [Redacted] Deputy State Fire Marshal Nursing Home Surveyor 20225</p> <p>The Surveyor was from: Washington State Patrol</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

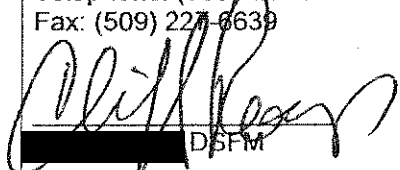
Administrator

9/26/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES-SPO		STREET ADDRESS, CITY, STATE, ZIP CODE NORTH 6025 ASSEMBLY SPOKANE, WA 99205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1 Office of the State Fire Marshal Fire Prevention Bureau PO Box 19130 Spokane WA. 99219-9130 Telephone: (509) 227-6567 Fax: (509) 227-6639  DSFM	K 000		
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Based upon observations made during the Survey conducted on 9/18/13 between the hours of 0930 to 1330 while accompanied by facility staff we observed the following doors not closing</p>	K 018	<ul style="list-style-type: none"> The doors in question were adjusted to close & latch properly All doors were checked for proper closing & latching Maintenance Director or designee will conduct regular rounds to ensure all doors close & latch. Administrator or designee will conduct random audits to ensure doors are closing & latching. Issues to be addressed by the safety committee 	10/8/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES-SPO		STREET ADDRESS, CITY, STATE, ZIP CODE NORTH 6025 ASSEMBLY SPOKANE, WA 99205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018	Continued From page 2 and latching as required: 1. Break Room Door missing latch mechanism (Staff indicated they had a new door on order) 2. Room #122 Close and Latch 3. Room #119 Close and Latch 4. Double Doors to Lounge Close and Latch Doors are to be properly maintained and adjusted to close and latch to prevent the possible movement of fire or smoke which could place the residents, staff or visitors at risk of possible harm.	K 018	• Maintenance Director or designee to ensure correction. Waiver requested for #1 11/11/13	(CCP)
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This Standard is not met as evidenced by: Based upon observations made during the Survey conducted on 9/18/13 between the hours of 0930 to 1330 while accompanied by facility staff we observed the following areas with penetrations in the walls: 1. Fire/Smoke barrier by Medical Records Office (Corridor Wall and Barrier above Fire/Smoke Doors) 2. Storage Room in Physical & Occupational	K 025	• All areas identified with penetration to the barriers will be repaired. • All potential areas for penetration were inspected with no issues. • Maintenance Director will conduct complete inspection of all area after repairs are completed. • Administrator or designee will ensure repairs are complete. • Maintenance Director	10/8/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES-SPO		STREET ADDRESS, CITY, STATE, ZIP CODE NORTH 6025 ASSEMBLY SPOKANE, WA 99205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025	Continued From page 3 Therapy has penetration in wall that opens to therapy area 3. Fire/Smoke barrier by room #100 (above doors) 4. Fire/Smoke barrier by room #201 (above doors) Fire/Smoke barriers are to be properly maintained to prevent the possible movement of fire or smoke that could place residents, staff or visitors at risk of possible harm.	K 025	is responsible to ensure correction.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Based upon observations made during the Survey conducted on 9/18/13 between the hours of 0930 to 1330 while accompanied by facility staff we observed that the facility is still using multi-plug power strips with flexible cords for non-computer items. Facility was cited for this deficiency last year and requested and was granted a continuing waiver for this deficiency that is good until August 1, 2015. 1. Internet Cafe (TV) 2. Room #114 (TV) 3. Room #127 (TV) 4. Room #129 (TV) 5. Room #127, both sides (TV) 6. Room #124 (TV) 7. Room #122 (TV) 8. Lounge (TV) 9. Room #107, both sides CMS has made an interpretation that multi-plug	K 147	• a waiver was granted to the facility through 8/1/15 allowing the facility to use approved power strips.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES-SPO		STREET ADDRESS, CITY, STATE, ZIP CODE NORTH 6025 ASSEMBLY SPOKANE, WA 99205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147	Continued From page 4 power strips with flexible cords are not approved for use with non-computer equipment, other electrical items are to be plugged directly into an approved electrical outlet or approved cube style adaptor. Also observed a piggybacked power strip in the Ancillary Office (under desk).	K 147		